



WELCOME TO OUR PRACTICE

Appointment Information

- We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.
- If you arrive 10 minutes late for your appointment, you may be asked to reschedule for the next available appointment time. Please understand that it causes a chain reaction throughout the day causing longer wait times. If you are on your way to the office and see you are running late, please call ahead and let us know. At that point we can tell you that we can see you or if we will have to reschedule. Thank you for your understanding.
- Our office reserves the right to charge a broken appointment fee of \$45.00 for any missed appointment without prior notice of cancellation.
- Broken or missed appointments affect many people. If two (2) broken/missed appointments occur or two (2) cancellations without 24 hour notice, our office reserves the right to NOT schedule any subsequent appointments.
- Patients who cannot be contacted by telephone or mail service for 12 months will be inactivated.

Financial Information

- We must emphasize that as health care providers, our relationship is with you, not your insurance company. While we are not participating providers with any insurance company, we will be happy to file your insurance claim provided you have all of your current insurance information.
- You will be responsible to pay any amount that is determined not payable by your insurance plan. Be aware that some services provided may be non-covered services and not considered reasonable and necessary under your dental insurance plan.
- If we have not received payment from your insurance company within 60 days after submission of a claim, you will be expected to pay for all dental services in full. In the event of duplicate payment, you will be reimbursed.
- If there is an outstanding balance on your account, please understand our office reserves the right to not schedule any subsequent appointments until the amount is paid in full.
- A charge of \$25.00 will be assessed on any returned checks.
- If you do not make us aware of primary insurance and only present Medicaid and Medicaid denies your claim, you will be responsible for the entire balance.
- As an office policy, we will only file primary insurance. Any balance after that is your responsibility. If you have secondary insurance, we will provide a claim for you to file yourself for reimbursement.

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can. We appreciate you entrusting your child's dental health to us.

I have read and I understand the office policies and agree to abide by their contents.

Signature of Parent/Guardian

Date